

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 09/817,009
APPLICANT'S

FILING DATE

CLAIMS

	ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2						
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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100						
TOTAL IND.	1		1			
TOTAL DEP.	10		8			
TOTAL CLAIMS	11		9			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						